

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

NOV 18 AM 12

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Swift Boat Vets and POW's for Truth

(b) Address (number and street) check if different than previously reported
P.O. Box 26184

(c) City, State and ZIP Code
Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C

3. Is This Statement **New** or **Amended**

4. Covering Period from 10/09/04 through 10/14/04

5. (a) Date of Public Distribution(s) 10/15/04 **(b) Communication Title** "Why" and "Never Stopped"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Weymouth D. Symmes

(b) Address (number and street)
P.O. Box 26184

(c) City, State and ZIP Code
Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business
Retired

(e) Occupation
Retired

9. Total Donations This Statement 1,992,900.00

10. Total Disbursements/Obligations This Statement 1,528,690.60

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Weymouth D. Symmes

SIGNATURE Weymouth D. Symmes DATE 11/17/2004

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 4970.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

| | | | | | |
|-----------|--|---|--|--|----------------------------|
| A. | (a) Name Rear Admiral Roy Huffman, USN (Ret.) | (b) Address (number and street) P.O. Box 26184 | (c) City, State and ZIP Code Alexandria, VA 22313 | (d) Name of Employer or Principal Place of Business Retired | (e) Occupation Retired |
| B. | (a) Name John O'Neill | (b) Address (number and street) P.O. Box 26184 | (c) City, State and ZIP Code Alexandria, VA 22313 | (d) Name of Employer or Principal Place of Business Clements O'Neill Pierce | (e) Occupation Attorney |
| C. | (a) Name Alvin A. Horna | (b) Address (number and street) P.O. Box 26184 | (c) City, State and ZIP Code Alexandria, VA 22313 | (d) Name of Employer or Principal Place of Business Self Employed | (e) Occupation Attorney |
| D. | (a) Name Weymouth D. Symmes | (b) Address (number and street) P.O. Box 26184 | (c) City, State and ZIP Code Alexandria, VA 22313 | (d) Name of Employer or Principal Place of Business Retired | (e) Occupation Retired |
| E. | (a) Name | (b) Address (number and street) | (c) City, State and ZIP Code | (d) Name of Employer or Principal Place of Business | (e) Occupation |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|---|
| <p>A. Full Name of Donor LEE A. BEAMAN</p> <p>Mailing Address of Donor 1525 BROADWAY</p> <p>City State Zip NASHVILLE TN 37203</p> | <p>Date of Receipt M M Y Y 1 0 1 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>B. Full Name of Donor George C Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p> | <p>Date of Receipt M M Y Y 1 0 1 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>C. Full Name of Donor Glen Black</p> <p>Mailing Address of Donor 1000 East Clearvue Ct.</p> <p>City State Zip Eagle ID 83616</p> | <p>Date of Receipt M M Y Y 1 0 1 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>D. Full Name of Donor glen black</p> <p>Mailing Address of Donor 1000 east clearvue ct.</p> <p>City State Zip eagle ID 83616</p> | <p>Date of Receipt M M Y Y 0 9 0 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>E. Full Name of Donor Robert Black</p> <p>Mailing Address of Donor P.O. Box 970</p> <p>City State Zip Genoa NV 89411</p> | <p>Date of Receipt M M Y Y 1 0 1 3 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |

| | |
|--|--------------------|
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>3 1 0 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p> | <p>3 1 0 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor Robert Black</p> <p>Mailing Address of Donor P.O. Box 970</p> <p>City State Zip Genoa NV 89411</p> | <p>Date of Receipt 0 8 / 0 8 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p> |
| <p>B. Full Name of Donor Robert Black</p> <p>Mailing Address of Donor P.O. Box 970</p> <p>City State Zip Genoa NV 89411</p> | <p>Date of Receipt 0 8 / 2 0 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>C. Full Name of Donor Robert Black</p> <p>Mailing Address of Donor P.O. Box 970</p> <p>City State Zip Genoa NV 89411</p> | <p>Date of Receipt 0 8 / 3 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p> |
| <p>D. Full Name of Donor William S. Borders</p> <p>Mailing Address of Donor 235 Sotir St NW</p> <p>City State Zip Fort Walton Beach FL 32548</p> | <p>Date of Receipt 1 0 / 0 9 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>E. Full Name of Donor David Bricker</p> <p>Mailing Address of Donor 160 Broadway</p> <p>City State Zip New York NY 10038</p> | <p>Date of Receipt 1 0 / 1 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>2 2 0 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only)</p> <p>(carry totals from last page to Line 5)</p> | <p>5 3 0 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor Brett Byers</p> <p>Mailing Address of Donor 440 Davis Court, #1802</p> <p>City State Zip San Francisco CA 94111</p> | <p>Date of Receipt 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0</p> |
| <p>B. Full Name of Donor Charles Coligure</p> <p>Mailing Address of Donor 19 Mayview Rd</p> <p>City State Zip Lawrence PA 15055</p> | <p>Date of Receipt 1 0 1 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>C. Full Name of Donor John Connolly</p> <p>Mailing Address of Donor 700 Front St.</p> <p>City State Zip San Diego CA 92101</p> | <p>Date of Receipt 1 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>D. Full Name of Donor Timothy Cooney</p> <p>Mailing Address of Donor 434 main street</p> <p>City State Zip wareham MA 02571</p> | <p>Date of Receipt 1 0 0 9 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>E. Full Name of Donor Lammot Copeland</p> <p>Mailing Address of Donor 100 Rogers Rd</p> <p>City State Zip Wilmington DE 19801</p> | <p>Date of Receipt 1 0 1 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>3 1 0 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> | <p>8 4 0 0 0 0</p> |

SCHEDULE 9-A

Donation(s) Received

| | | | |
|--|---------------------------|--|--|
| A. Full Name of Donor Brooks Corbin | | Date of Receipt 10 / 13 / 2004 | |
| Mailing Address of Donor 4220 Park Newport Drive, 207 | | Amount 1,000.00 | |
| City Newport Beach | State CA | Zip 92660 | |
| B. Full Name of Donor Doug Cronn | | Date of Receipt 10 / 11 / 2004 | |
| Mailing Address of Donor 5333 N. Sonoran Canyon Place | | Amount 1,000.00 | |
| City Tucson | State AZ | Zip 85749 | |
| C. Full Name of Donor Doug Cronn | | Date of Receipt 09 / 06 / 2004 | |
| Mailing Address of Donor 5333 N. Sonoran Canyon Pl | | Amount 500.00 | |
| City Tucson | State AZ | Zip 85749 | |
| D. Full Name of Donor Tom Crook | | Date of Receipt 10 / 11 / 2004 | |
| Mailing Address of Donor 2203 Riverview Drive | | Amount 1,000.00 | |
| City Murfreesboro | State TN | Zip 37129 | |
| E. Full Name of Donor Leslie Deane | | Date of Receipt 10 / 09 / 2004 | |
| Mailing Address of Donor 98 Main Street, Suite 205 | | Amount 1,000.00 | |
| City Tiburon | State CA | Zip 94920 | |
| SUBTOTAL of Donations This Page (optional) | | 4,500.00 | |
| TOTAL This Period (last page this form number only) (carry total from last page to Line 9) | | 12,900.00 | |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|---|
| <p>A. Full Name of Donor Leslie Deane</p> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <p>City State Zip Tiburon CA 94920</p> | <p>Date of Receipt M D Y 0 9 2 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p> |
| <p>B. Full Name of Donor David deForrest</p> <p>Mailing Address of Donor 1870 Cleveland Road</p> <p>City State Zip Miami Beach FL 33141</p> | <p>Date of Receipt M D Y 1 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>C. Full Name of Donor Steven Diehl</p> <p>Mailing Address of Donor 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p> | <p>Date of Receipt M D Y 1 0 1 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>D. Full Name of Donor Greg Dodds</p> <p>Mailing Address of Donor 31 Whitcomb Drive</p> <p>City State Zip Grosse Pointe Farms MI 48236</p> | <p>Date of Receipt M D Y 1 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>E. Full Name of Donor John Dowd</p> <p>Mailing Address of Donor 1529 Crowell Road</p> <p>City State Zip Vienna VA 22182</p> | <p>Date of Receipt M D Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>4 2 5 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> | <p>1 7 1 5 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

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| | |
|--|--|
| A. Full Name of Donor Willard Edison Mailing Address of Donor 6043 Hatton Place City State Zip Ferndale WA 98248 | Date of Receipt M O Y Y 1 0 1 2 2 0 0 4 Amount 2 5 0 0 0 |
| B. Full Name of Donor Todd Farha Mailing Address of Donor 345 Bayshore Blvd, GP 13 City State Zip Tampa FL 33606 | Date of Receipt M O Y Y 1 0 1 1 2 0 0 4 Amount 5 0 0 0 0 |
| C. Full Name of Donor Todd Farha Mailing Address of Donor 345 Bayshore Blvd GP 13 City State Zip Tampa FL 33606 | Date of Receipt M O Y Y 0 9 1 1 2 0 0 4 Amount 5 0 0 0 0 |
| D. Full Name of Donor James Finn Mailing Address of Donor 3801 Rocky Point Way City State Zip Santa Rosa CA 95404 | Date of Receipt M O Y Y 1 0 1 1 2 0 0 4 Amount 1 0 0 0 0 0 |
| E. Full Name of Donor Gene Foster Mailing Address of Donor 435 Dockside Drive #401 City State Zip Naples LA 34110 | Date of Receipt M O Y Y 1 0 1 1 2 0 0 4 Amount 1 0 0 0 0 0 |
| SUBTOTAL of Donations This Page (optional) ▶ | 3 2 5 0 0 0 |
| TOTAL This Period (last page Use this number only) ▶ (carry total from last page to Line 9) | 2 0 4 0 0 0 0 |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p> | <p>Date of Receipt M M D D Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p> |
| <p>B. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p> | <p>Date of Receipt M M D D Y Y 0 8 1 9 2 0 0 4</p> <p>Amount 2 5 0 0 0</p> |
| <p>C. Full Name of Donor Richard Fuisz</p> <p>Mailing Address of Donor 1127 Langley Lane</p> <p>City State Zip Mclean VA 22101</p> | <p>Date of Receipt M M D D Y Y 0 8 0 4 2 0 0 4</p> <p>Amount 2 5 0 0 0</p> |
| <p>D. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p> | <p>Date of Receipt M M D D Y Y 0 9 0 8 2 0 0 4</p> <p>Amount 2 5 0 0 0</p> |
| <p>E. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p> | <p>Date of Receipt M M D D Y Y 0 9 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>1 1 0 0 0 0</p> |
| <p>TOTAL This Period (Just page this line number only)</p> <p>(carry total from last page to line 9)</p> | <p>2 1 5 0 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|---|
| <p>A. Full Name of Donor Richard Gable</p> <p>Mailing Address of Donor 4515 Willard Ave., 2318</p> <p>City State Zip Chevy Chase MD 20815</p> | <p>Date of Receipt M N Y Y 1 0 0 9 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>B. Full Name of Donor Lawrence gelman</p> <p>Mailing Address of Donor 3900 sundown dr</p> <p>City State Zip McAllen TX 78503</p> | <p>Date of Receipt M N Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>C. Full Name of Donor richard gilliam</p> <p>Mailing Address of Donor p.o. box 820</p> <p>City State Zip keswick VA 22947</p> | <p>Date of Receipt M N Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>D. Full Name of Donor John Gioia</p> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <p>City State Zip Alexandria VA 22309</p> | <p>Date of Receipt M N Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>E. Full Name of Donor John Gioia</p> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <p>City State Zip Alexandria VA 22309</p> | <p>Date of Receipt M N Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶ 7 5 0 0 0 0</p> | |
| <p>TOTAL This Period (last page this line number only) ▶ 2 9 0 0 0 0 0 0 (carry total from last page to Line 9)</p> | |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|---|
| <p>A. Full Name of Donor Jerry Glenn</p> <p>Mailing Address of Donor 54 Fairway Dr.</p> <p>City State Zip Southgate KY 41071</p> | <p>Date of Receipt M D Y Y Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>B. Full Name of Donor Edward Gonzalez</p> <p>Mailing Address of Donor Four Times Square</p> <p>City State Zip New York NY 10036</p> | <p>Date of Receipt M D Y Y Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>C. Full Name of Donor Edward Gonzalez</p> <p>Mailing Address of Donor Four Times Square, 31-400</p> <p>City State Zip New York NY 10036</p> | <p>Date of Receipt M D Y Y Y Y 0 9 1 0 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>D. Full Name of Donor Edward E. Gonzalez</p> <p>Mailing Address of Donor Four Times Square, 31st Floor</p> <p>City State Zip New York NY 10036</p> | <p>Date of Receipt M D Y Y Y Y 1 0 1 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>E. Full Name of Donor Oliver R Grace Jr</p> <p>Mailing Address of Donor 55 Brookville Road</p> <p>City State Zip Brookville NY 11545</p> | <p>Date of Receipt M D Y Y Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>3 0 0 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p> | <p>3 2 0 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

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| | |
|---|--|
| A. Full Name of Donor Billy Graham Mailing Address of Donor 1550 Bay Street #209 City State Zip San Francisco CA 94123 | Date of Receipt M M D D Y Y 1 0 1 1 2 0 0 4 Amount 1 0 0 0 0 0 |
| B. Full Name of Donor Geof Greenberg Mailing Address of Donor 208 Lester Ave. City State Zip Yakima WA 98902 | Date of Receipt M M D D Y Y 0 8 1 1 2 0 0 4 Amount 2 5 0 0 0 0 |
| C. Full Name of Donor Geoffrey Greenberg Mailing Address of Donor 208 Lester Ave. City State Zip Yakima WA 98902 | Date of Receipt M M D D Y Y 1 0 1 4 2 0 0 4 Amount 2 5 0 0 0 0 |
| D. Full Name of Donor Geoffrey Greenberg Mailing Address of Donor 208 Lester Ave. City State Zip Yakima WA 98902 | Date of Receipt M M D D Y Y 0 8 1 9 2 0 0 4 Amount 5 0 0 0 0 0 |
| E. Full Name of Donor Tom Gumprecht Mailing Address of Donor 7445 S.E. 71st St City State Zip Mercer Island WA 98040 | Date of Receipt M M D D Y Y 1 0 1 1 2 0 0 4 Amount 5 0 0 0 0 0 |

SUBTOTAL of Donations This Page (optional) ▶

2 5 0 0 0 0

 TOTAL This Period (last page this line number only) ▶
 (carry over from last page to Line 9)

3 4 5 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor James T. Hallett</p> <p>Mailing Address of Donor 2920 Devonhurst D</p> <p>City State Zip Gordonsville VA 22942</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 1 000 00</p> |
| <p>B. Full Name of Donor Thomas J. Harris</p> <p>Mailing Address of Donor 200 West St</p> <p>City State Zip Mandeville LA 70448</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 500 00</p> |
| <p>C. Full Name of Donor Thomas J. Harris</p> <p>Mailing Address of Donor 200 West St</p> <p>City State Zip Mandeville LA 70448</p> | <p>Date of Receipt 09 02 2004</p> <p>Amount 500 00</p> |
| <p>D. Full Name of Donor Mark Hemstreet</p> <p>Mailing Address of Donor 11600 SW Shilo Lane</p> <p>City State Zip Portland OR 97225</p> | <p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p> |
| <p>E. Full Name of Donor Thomas Herche</p> <p>Mailing Address of Donor P.O. Box 3837</p> <p>City State Zip Seattle WA 98124</p> | <p>Date of Receipt 10 19 2004</p> <p>Amount 1 000 00</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>4 000 00</p> |
| <p>TOTAL This Period (last page this line number ONLY)</p> <p>(carry total from last page to Line 9)</p> | <p>3 850 00</p> |

SCHEDULE 9-A
Donation(s) Received

| | | | | |
|---|-------|-------|---|--|
| A. Full Name of Donor Roy Hinman | | | Date of Receipt M M Y Y 1 0 1 3 2 0 0 4 | |
| Mailing Address of Donor 1099 A1A S. | | | Amount 5 0 0 . 0 0 | |
| City | State | Zip | | |
| St. Augustine | FL | 32080 | | |
| B. Full Name of Donor Roy II Hinman | | | Date of Receipt M M Y Y 1 0 1 4 2 0 0 4 | |
| Mailing Address of Donor 1099 A1A S. | | | Amount 5 0 0 . 0 0 | |
| City | State | Zip | | |
| St. Augustine | FL | 32080 | | |
| C. Full Name of Donor David Hodgman | | | Date of Receipt M M Y Y 1 0 1 1 2 0 0 4 | |
| Mailing Address of Donor 9645 Scranton Rd # 120 | | | Amount 1 0 0 0 . 0 0 | |
| City | State | Zip | | |
| San Diego | CA | 92121 | | |
| D. Full Name of Donor Ann Iverson | | | Date of Receipt M M Y Y 1 0 1 3 2 0 0 4 | |
| Mailing Address of Donor 2902 West Lane Drive, Unit E | | | Amount 5 0 0 . 0 0 | |
| City | State | Zip | | |
| Houston | TX | 77027 | | |
| E. Full Name of Donor Don Jacobson | | | Date of Receipt M M Y Y 1 0 0 8 2 0 0 4 | |
| Mailing Address of Donor 115 Farm Road | | | Amount 5 0 0 . 0 0 | |
| City | State | Zip | | |
| Woodside | CA | 94062 | | |
| SUBTOTAL of Donations This Page (optional) | | | 3 0 0 0 . 0 0 | |
| TOTAL This Period (last page (line number only) (carry total from last page to Line 9) | | | 4 1 5 0 0 . 0 0 | |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p> | <p>Date of Receipt 08 19 2004</p> <p>Amount 1 000 00</p> |
| <p>B. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p> | <p>Date of Receipt 08 27 2004</p> <p>Amount 2 500 00</p> |
| <p>C. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p> | <p>Date of Receipt 08 15 2004</p> <p>Amount 5 000 00</p> |
| <p>D. Full Name of Donor Francis Janson</p> <p>Mailing Address of Donor 1564 Stapler Dr</p> <p>City State Zip Yardley PA 19067</p> | <p>Date of Receipt 09 02 2004</p> <p>Amount 5 000 00</p> |
| <p>E. Full Name of Donor Francis Gerard Janson</p> <p>Mailing Address of Donor 1564 Stapler Dr</p> <p>City State Zip Yardley PA 19067</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 6 000 00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>1 9 5 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> | <p>4 3 4 5 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor mumford john</p> <p>Mailing Address of Donor 2925 woodside road</p> <p>City State Zip woodside CA 94062</p> | <p>Date of Receipt 10 12 2004</p> <p>Amount 2,500.00</p> |
| <p>B. Full Name of Donor William H. Jones</p> <p>Mailing Address of Donor 4131 Old Gun Rd E</p> <p>City State Zip Midlothian VA 23113</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 5,000.00</p> |
| <p>C. Full Name of Donor William H. Jones</p> <p>Mailing Address of Donor 4131 Old Gun Rd E</p> <p>City State Zip Midlothian VA 23113</p> | <p>Date of Receipt 09 02 2004</p> <p>Amount 5,000.00</p> |
| <p>D. Full Name of Donor Thom Kitchens</p> <p>Mailing Address of Donor 6908 35th Ave SW</p> <p>City State Zip Seattle WA 98126</p> | <p>Date of Receipt 10 13 2004</p> <p>Amount 1,000.00</p> |
| <p>E. Full Name of Donor Mark Kroll</p> <p>Mailing Address of Donor 493 Sinaloa Road</p> <p>City State Zip Simi Valley CA 93065</p> | <p>Date of Receipt 10 10 2004</p> <p>Amount 1,000.00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶ 5,500.00</p> | |
| <p>TOTAL This Period (last page this line outside only) ▶ 48,950.00 (carry into from last page to Line 9)</p> | |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor Ray Kubly</p> <p>Mailing Address of Donor 1112 7th Ave</p> <p>City State Zip Monroe WI 53566</p> | <p>Date of Receipt 10 14 2004</p> <p>Amount 1,000.00</p> |
| <p>B. Full Name of Donor michael lattin</p> <p>Mailing Address of Donor 3250 sundance dr</p> <p>City State Zip elko NV 89801</p> | <p>Date of Receipt 10 10 2004</p> <p>Amount 1,000.00</p> |
| <p>C. Full Name of Donor Michael Lattin</p> <p>Mailing Address of Donor 3250 Sundance Dr</p> <p>City State Zip Elko NV 89801</p> | <p>Date of Receipt 08 20 2004</p> <p>Amount 2,500.00</p> |
| <p>D. Full Name of Donor Kent Lillie</p> <p>Mailing Address of Donor 8033 Legend Creek Dr</p> <p>City State Zip Destin FL 32550</p> | <p>Date of Receipt 10 12 2004</p> <p>Amount 500.00</p> |
| <p>E. Full Name of Donor Kent Lillie</p> <p>Mailing Address of Donor 8033 Legend Creek Dr</p> <p>City State Zip Destin FL 32550</p> | <p>Date of Receipt 02 16 2004</p> <p>Amount 500.00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>3,250.00</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> | <p>5,220.00</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|---|
| <p>A. Full Name of Donor Carl Linder</p> <p>Mailing Address of Donor 8555 Shawnee Run Road</p> <p>City State Zip Cincinnati OH 45243</p> | <p>Date of Receipt</p> <p>MM DD YY 10 14 2004</p> <p>Amount 3,500.00</p> |
| <p>B. Full Name of Donor george loewenbaum</p> <p>Mailing Address of Donor 1708 windsor road</p> <p>City State Zip austin TX 78703</p> | <p>Date of Receipt</p> <p>MM DD YY 10 14 2004</p> <p>Amount 1,000.00</p> |
| <p>C. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p> | <p>Date of Receipt</p> <p>MM DD YY 10 11 2004</p> <p>Amount 500.00</p> |
| <p>D. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p> | <p>Date of Receipt</p> <p>MM DD YY 06 24 2004</p> <p>Amount 250.00</p> |
| <p>E. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p> | <p>Date of Receipt</p> <p>MM DD YY 09 09 2004</p> <p>Amount 250.00</p> |

| | |
|--|------------------------|
| <p>SUBTOTAL of Donations This Page (coliana)</p> | <p>3,520.00</p> |
| <p>TOTAL This Period (last page this tax number only)</p> <p>(carry total from last page to line 9)</p> | <p>4,042.00</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor Richard Margolis</p> <p>Mailing Address of Donor 2910 Valmere Drive</p> <p>City State Zip Malibu CA 90265</p> | <p>Date of Receipt 10 14 2004</p> <p>Amount 500.00</p> |
| <p>B. Full Name of Donor Richard Margolis</p> <p>Mailing Address of Donor 2910 Valmere Drive</p> <p>City State Zip Malibu CA 90265</p> | <p>Date of Receipt 09 12 2004</p> <p>Amount 500.00</p> |
| <p>C. Full Name of Donor Jonathan Mayhew</p> <p>Mailing Address of Donor 21 Holly Lane</p> <p>City State Zip Darien CT 06820</p> | <p>Date of Receipt 10 10 2004</p> <p>Amount 500.00</p> |
| <p>D. Full Name of Donor Jonathan Mayhew</p> <p>Mailing Address of Donor 21 Holly Lane</p> <p>City State Zip Darien CT 06820</p> | <p>Date of Receipt 08 24 2004</p> <p>Amount 250.00</p> |
| <p>E. Full Name of Donor Jonathan Mayhew</p> <p>Mailing Address of Donor 21 Holly Lane</p> <p>City State Zip Darien CT 06820</p> | <p>Date of Receipt 08 09 2004</p> <p>Amount 250.00</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>2000.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p> | <p>406200.00</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor paul mccarthy</p> <p>Mailing Address of Donor 6316 S. Western</p> <p>City State Zip Chicago IL 60636</p> | <p>Date of Receipt 10 11 2004</p> <p>Amount 1,000.00</p> |
| <p>B. Full Name of Donor Wilkes McClave</p> <p>Mailing Address of Donor 27 Jingle Lane</p> <p>City State Zip Bedford NY 10506</p> | <p>Date of Receipt 10 10 2004</p> <p>Amount 1,000.00</p> |
| <p>C. Full Name of Donor Charles H. McPherson</p> <p>Mailing Address of Donor P.O. Box 902</p> <p>City State Zip Gig Harbour WA 98335</p> | <p>Date of Receipt 10 12 2004</p> <p>Amount 1,000.00</p> |
| <p>D. Full Name of Donor Jan menke</p> <p>Mailing Address of Donor 1967 BAYVEIW DR</p> <p>City State Zip TIERRA VERDE FL 33715</p> | <p>Date of Receipt 10 14 2004</p> <p>Amount 1,000.00</p> |
| <p>E. Full Name of Donor Victor Michael</p> <p>Mailing Address of Donor 6807 Foxglove Drive</p> <p>City State Zip Cheyenne WY 82009</p> | <p>Date of Receipt 10 12 2004</p> <p>Amount 1,000.00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>5,000.00</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> | <p>41,200.00</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor Victor Michael</p> <p>Mailing Address of Donor 6807 Foxglove Drive</p> <p>City State Zip Cheyenne WY 82009</p> | <p>Date of Receipt M O Y 0 8 1 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>B. Full Name of Donor frank michel</p> <p>Mailing Address of Donor 123 davis rd</p> <p>City State Zip malvern PA 19355</p> | <p>Date of Receipt M O Y 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>C. Full Name of Donor Stuart Millheiser</p> <p>Mailing Address of Donor 33761 Limerick Lane</p> <p>City State Zip San Juan Capistrano CA 92675</p> | <p>Date of Receipt M O Y 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>D. Full Name of Donor Stuart Millheiser</p> <p>Mailing Address of Donor 33761 Limerick Lane</p> <p>City State Zip San Juan Capistrano CA 92675</p> | <p>Date of Receipt M O Y 0 8 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>E. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p> | <p>Date of Receipt M O Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (collected) ▶</p> | <p>2 7 5 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> | <p>4 1 3 9 5 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

PAGE 22 OF 59

| | |
|---|--|
| A. Full Name of Donor William Miner Mailing Address of Donor 3868 Bowers Drive City State Zip Reno NV 89511 | Date of Receipt M M . Y Y . Y Y 0 8 . 1 9 . 2 0 0 4 Amount . 2 5 0 . 0 0 |
| B. Full Name of Donor William Miner Mailing Address of Donor 3868 Bowers Drive City State Zip Reno NV 89511 | Date of Receipt M M . Y Y . Y Y 0 8 . 2 4 . 2 0 0 4 Amount . 2 5 0 . 0 0 |
| C. Full Name of Donor William Miner Mailing Address of Donor 3868 Bowers Drive City State Zip Reno NV 89511 | Date of Receipt M M . Y Y . Y Y 0 8 . 0 1 . 2 0 0 4 Amount . 2 5 0 . 0 0 |
| D. Full Name of Donor Howard Mitnick Mailing Address of Donor 65 Madison Ave. City State Zip Morristown NJ 07960 | Date of Receipt M M . Y Y . Y Y 1 0 . 1 4 . 2 0 0 4 Amount . 2 5 0 . 0 0 |
| E. Full Name of Donor James Morrison Mailing Address of Donor 3722 91st Place SE City State Zip Everett WA 98208 | Date of Receipt M M . Y Y . Y Y 1 0 . 1 4 . 2 0 0 4 Amount . 1 0 0 0 . 0 0 |
| SUBTOTAL of Donations This Page (optional) ▶ | . 2 0 0 0 . 0 0 |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9) | . 4 1 5 9 5 0 . 0 0 |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|---|
| <p>A. Full Name of Donor mary movick</p> <p>Mailing Address of Donor 157 cottonwood</p> <p>City State Zip coppell TX 75019</p> | <p>Date of Receipt M M D D Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0</p> |
| <p>B. Full Name of Donor neil mulligan</p> <p>Mailing Address of Donor 339 25TH STREET</p> <p>City State Zip va beach VA 23451</p> | <p>Date of Receipt M M D D Y Y 1 0 1 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>C. Full Name of Donor James Nelson</p> <p>Mailing Address of Donor 1854 ALTA VISTA DR</p> <p>City State Zip ROSEVILLE MN 55113</p> | <p>Date of Receipt M M D D Y Y 1 0 1 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>D. Full Name of Donor John Nelson</p> <p>Mailing Address of Donor 1205 Johnson Street</p> <p>City State Zip Menlo Park CA 94025</p> | <p>Date of Receipt M M D D Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>E. Full Name of Donor John Nelson</p> <p>Mailing Address of Donor 1205 Johnson Street</p> <p>City State Zip Menlo Park CA 94025</p> | <p>Date of Receipt M M D D Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶ 2 8 5 0 0 0</p> | |
| <p>TOTAL This Period (last page this line number only) ▶ 4 1 8 5 0 0 0 0 (carry total from last page to Line 9)</p> | |

SCHEDULE 9-A
Donation(s) Received

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| | |
|---|--|
| A. Full Name of Donor John Nelson Mailing Address of Donor 1205 Johnson Street City State Zip Menlo Park CA 94025 | Date of Receipt M M Y Y 0 9 1 5 2 0 0 4 Amount 2 5 0 0 0 |
| B. Full Name of Donor G. Mason Oberlin Mailing Address of Donor 48 Duck Cove Cir City State Zip Berlin MD 21811 | Date of Receipt M M Y Y 1 0 0 9 2 0 0 4 Amount 1 0 0 0 0 |
| C. Full Name of Donor William F Odom Jr Mailing Address of Donor 229 Deerwood Drive City State Zip Huddleston VA 24104 | Date of Receipt M M Y Y 1 0 1 4 2 0 0 4 Amount 2 5 0 0 0 |
| D. Full Name of Donor Doris Orr Mailing Address of Donor 13911 SE 47th Street City State Zip Bellevue WA 98006 | Date of Receipt M M Y Y 1 0 1 0 2 0 0 4 Amount 1 0 0 0 0 0 |
| E. Full Name of Donor Mary Walton Percy Mailing Address of Donor 3146 Thomas Ave City State Zip Montgomery AL 36106 | Date of Receipt M M Y Y 1 0 1 1 2 0 0 4 Amount 6 0 0 0 0 |
| SUBTOTAL of Donations This Page (optional) ▶ | 2 1 0 0 0 0 |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9) | 4 2 0 0 0 0 0 0 |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|---|
| <p>A. Full Name of Donor Mary Walton Percy</p> <p>Mailing Address of Donor 3146 Thomas Ave</p> <p>City State Zip Montgomery AL 36106</p> | <p>Date of Receipt 08 20 2004</p> <p>Amount 250.00</p> |
| <p>B. Full Name of Donor Mary Walton Percy</p> <p>Mailing Address of Donor 3146 Thomas Ave</p> <p>City State Zip Montgomery AL 36106</p> | <p>Date of Receipt 09 24 2004</p> <p>Amount 500.00</p> |
| <p>C. Full Name of Donor April Perry</p> <p>Mailing Address of Donor 2205 Pembroke Place</p> <p>City State Zip Denton TX 76205</p> | <p>Date of Receipt 10 14 2004</p> <p>Amount 500.00</p> |
| <p>D. Full Name of Donor April Perry</p> <p>Mailing Address of Donor 2205 Pembroke Place</p> <p>City State Zip Denton TX 76205</p> | <p>Date of Receipt 08 20 2004</p> <p>Amount 500.00</p> |
| <p>E. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p> | <p>Date of Receipt 10 12 2004</p> <p>Amount 4500.00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>4517.5000</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to line 9)</p> | <p>8726.5000</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p> | <p>Date of Receipt 10 - 13 - 2004</p> <p>Amount 500,000.00</p> |
| <p>B. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p> | <p>Date of Receipt 10 - 12 - 2004</p> <p>Amount 500,000.00</p> |
| <p>C. Full Name of Donor Trent Pettijohn</p> <p>Mailing Address of Donor 6400 Harrods Court</p> <p>City State Zip Plano TX 75024</p> | <p>Date of Receipt 10 - 12 - 2004</p> <p>Amount 500,000.00</p> |
| <p>D. Full Name of Donor Trent Pettijohn</p> <p>Mailing Address of Donor 6400 Harrods Court</p> <p>City State Zip Plano TX 75024</p> | <p>Date of Receipt 08 - 04 - 2004</p> <p>Amount 500,000.00</p> |
| <p>E. Full Name of Donor Jim Phillips</p> <p>Mailing Address of Donor 101 Bull Street</p> <p>City State Zip Charleston SC 29401</p> | <p>Date of Receipt 10 - 11 - 2004</p> <p>Amount 100,000.00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>1,002,000.00</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry over from last page to Line 9)</p> | <p>1,874,850.00</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|---|
| <p>A. Full Name of Donor abe podolsky</p> <p>Mailing Address of Donor 4815 avenue N</p> <p>City State Zip brooklyn NY 11234</p> | <p>Date of Receipt M N Y 1 0 0 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>B. Full Name of Donor ABRAHAM PODOLSKY</p> <p>Mailing Address of Donor 4815 AVENUE N</p> <p>City State Zip BROOKLYN NY 11234</p> | <p>Date of Receipt M N Y 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>C. Full Name of Donor ABRAHAM PODOLSKY</p> <p>Mailing Address of Donor 4815 AVENUE N</p> <p>City State Zip BROOKLYN NY 11234</p> | <p>Date of Receipt M N Y 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>D. Full Name of Donor Frank Price</p> <p>Mailing Address of Donor 527 Spoleto Drive</p> <p>City State Zip Pacific Palisades CA 90272</p> | <p>Date of Receipt M N Y 1 0 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>E. Full Name of Donor Philip Propper</p> <p>Mailing Address of Donor 4545 La Granada Way</p> <p>City State Zip La Canada CA 91011</p> | <p>Date of Receipt M N Y 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>4 0 0 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p> | <p>1,878,650.00</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor Barry Relinger</p> <p>Mailing Address of Donor 35 Duck La.</p> <p>City State Zip West Islip NY 11795</p> | <p>Date of Receipt M M Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>B. Full Name of Donor Barry Relinger</p> <p>Mailing Address of Donor 35 Duck La.</p> <p>City State Zip West Islip NY 11795</p> | <p>Date of Receipt M M Y Y 0 5 2 6 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>C. Full Name of Donor Edward Reske</p> <p>Mailing Address of Donor 1004 Sharpsburg Dr., S.E.</p> <p>City State Zip Huntsville AL 35803</p> | <p>Date of Receipt M M Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>D. Full Name of Donor Paul Reynolds</p> <p>Mailing Address of Donor 5368 fredericksburg rd.</p> <p>City State Zip San Antonio TX 78229</p> | <p>Date of Receipt M M Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>E. Full Name of Donor Jeff Rhodes</p> <p>Mailing Address of Donor 3643 Laural Ridge</p> <p>City State Zip Springdale AR 72764</p> | <p>Date of Receipt M M Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>7 1 0 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p> | <p>1 8 8 5 7 5 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor Augusta Roddis</p> <p>Mailing Address of Donor 1108 E 4th St</p> <p>City State Zip Marshfield WI 54449</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 5,000.00</p> |
| <p>B. Full Name of Donor James Rose</p> <p>Mailing Address of Donor 3567 Rockybar Hollow Lane</p> <p>City State Zip Free Union VA 22940</p> | <p>Date of Receipt 10 14 2004</p> <p>Amount 2,500.00</p> |
| <p>C. Full Name of Donor Michael J. Ross</p> <p>Mailing Address of Donor 12826 Dubon Ln</p> <p>City State Zip Saint Louis MO 63131</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 5,000.00</p> |
| <p>D. Full Name of Donor Michael J. Ross</p> <p>Mailing Address of Donor 12826 Dubon Ln</p> <p>City State Zip Saint Louis MO 63131</p> | <p>Date of Receipt 09 02 2004</p> <p>Amount 5,000.00</p> |
| <p>E. Full Name of Donor Adrian O. Rule III</p> <p>Mailing Address of Donor 90 Pheasant Run</p> <p>City State Zip Chagrin Falls OH 44022</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 2,500.00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>11,000.00</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> | <p>18,967.50</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor Adrian O. Rute III</p> <p>Mailing Address of Donor 90 Pheasant Run</p> <p>City State Zip Chagrin Falls OH 44022</p> | <p>Date of Receipt 08 22 2004</p> <p>Amount 1 000 00</p> |
| <p>B. Full Name of Donor Earl Rupp</p> <p>Mailing Address of Donor 1495 E 14th St</p> <p>City State Zip San Leandro CA 94577</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 4 750 00</p> |
| <p>C. Full Name of Donor Earl Rupp</p> <p>Mailing Address of Donor 1495 E 14th St</p> <p>City State Zip San Leandro CA 94577</p> | <p>Date of Receipt 08 02 2004</p> <p>Amount 5 250 00</p> |
| <p>D. Full Name of Donor James Russell</p> <p>Mailing Address of Donor 1820 NE 104th Ave, Apt 66</p> <p>City State Zip Portland OR 97220</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 6 000 00</p> |
| <p>E. Full Name of Donor James Russell</p> <p>Mailing Address of Donor 1820 NE 104th Ave Apt 66</p> <p>City State Zip Portland OR 97220</p> | <p>Date of Receipt 08 02 2004</p> <p>Amount 2 000 00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>1 800 00</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> | <p>1 898 550 00</p> |

SCHEDULE 9-A
Donation(s) Received

| | | | | |
|---|-------|-------|---|--|
| A. Full Name of Donor James Russell | | | Date of Receipt M M D D Y Y Y Y 0 5 0 3 2 0 0 4 | |
| Mailing Address of Donor 1820 NE 104th Ave Apt 66 | | | Amount 5 0 0 0 0 | |
| City | State | Zip | | |
| Portland | OR | 97220 | | |
| B. Full Name of Donor George Salmas | | | Date of Receipt M M D D Y Y Y Y 1 0 1 4 2 0 0 4 | |
| Mailing Address of Donor 1880 Century Park East | | | Amount 2 5 0 0 0 | |
| City | State | Zip | | |
| Los Angeles | CA | 90067 | | |
| C. Full Name of Donor George Salmas | | | Date of Receipt M M D D Y Y Y Y 0 8 1 8 2 0 0 4 | |
| Mailing Address of Donor 1880 Century Park East, Suite 420 | | | Amount 5 0 0 0 0 | |
| City | State | Zip | | |
| Los Angeles | CA | 90067 | | |
| D. Full Name of Donor George Salmas | | | Date of Receipt M M D D Y Y Y Y 0 8 0 9 2 0 0 4 | |
| Mailing Address of Donor 1880 Century Park East, Suite 420 | | | Amount 2 5 0 0 0 | |
| City | State | Zip | | |
| Los Angeles | CA | 90067 | | |
| E. Full Name of Donor Meshell Schloss | | | Date of Receipt M M D D Y Y Y Y 1 0 1 3 2 0 0 4 | |
| Mailing Address of Donor 10308 Bayless Lane | | | Amount 2 5 0 0 0 0 | |
| City | State | Zip | | |
| Fort Wayne | IN | 46804 | | |
| SUBTOTAL of Donations This Page (optional) | | | 4 0 0 0 0 0 | |
| TOTAL This Page (last page this line number only) (carry total from last page to Line 9) | | | 1 9 0 2 5 5 0 0 0 | |

SCHEDULE 9-A
Donation(s) Received

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| | | | | |
|---|---------------------------|----------------------------|--|--|
| A. Full Name of Donor Mashell Schloss | | | Date of Receipt M O Y Y 0 9 2 9 2 0 0 4 | |
| Mailing Address of Donor 10308 Bayless Lane | | | Amount 5 0 0 0 0 | |
| City Fort Wayne | State IN | Zip 46804 | | |
| B. Full Name of Donor Wilfred Schuemann | | | Date of Receipt M O Y Y 1 0 1 4 2 0 0 4 | |
| Mailing Address of Donor 1450A Tucker Road | | | Amount 5 0 0 0 0 | |
| City Hood River | State OR | Zip 97031 | | |
| C. Full Name of Donor Wilfred Schuemann | | | Date of Receipt M O Y Y 0 8 2 9 2 0 0 4 | |
| Mailing Address of Donor 1450A Tucker Road | | | Amount 5 0 0 0 0 | |
| City Hood River | State OR | Zip 97031 | | |
| D. Full Name of Donor Paul Schulstad | | | Date of Receipt M O Y Y 1 0 1 4 2 0 0 4 | |
| Mailing Address of Donor 20 Eckert Farm Road | | | Amount 5 0 0 0 0 | |
| City Saddle River | State NJ | Zip 07458 | | |
| E. Full Name of Donor Stace Sewell | | | Date of Receipt M O Y Y 1 0 1 1 2 0 0 4 | |
| Mailing Address of Donor 7035 Bremerton | | | Amount 5 0 0 0 0 | |
| City Dallas | State TX | Zip 75252 | | |
| SUBTOTAL of Donations This Page (optional) | | | 2 5 0 0 0 0 | |
| TOTAL This Period (last page this line number only) (carry over from last page to Line 3) | | | 1 9 0 5 0 5 0 0 0 | |

SCHEDULE 9-A
Donation(s) Received

| | | |
|--|--------------------|--|
| A. Full Name of Donor Stace Sewell | | Date of Receipt 0 8 - 2 6 - 2 0 0 4 Amount 5 0 0 0 0 |
| Mailing Address of Donor 7035 Bremerton | | |
| City Dallas | State TX | Zip 75252 |
| B. Full Name of Donor Terry Shaffel | | Date of Receipt 1 0 - 1 1 - 2 0 0 4 Amount 5 0 0 0 0 |
| Mailing Address of Donor 32 walnut Avenue | | |
| City Los gatos | State CA | Zip 95030 |
| C. Full Name of Donor Terry Shaffel | | Date of Receipt 0 8 - 2 7 - 2 0 0 4 Amount 5 0 0 0 0 |
| Mailing Address of Donor 32 Walnut Avenue | | |
| City Los Gatos | State CA | Zip 95030 |
| D. Full Name of Donor Thomas Shanahan | | Date of Receipt 1 0 - 1 4 - 2 0 0 4 Amount 5 0 0 0 0 |
| Mailing Address of Donor 100 Manzanita Way | | |
| City Woodside | State CA | Zip 94062 |
| E. Full Name of Donor David Shemwell | | Date of Receipt 1 0 - 1 4 - 2 0 0 4 Amount 1 0 0 0 0 0 |
| Mailing Address of Donor 535 36th Ave E | | |
| City Seattle | State WA | Zip 98112 |
| SUBTOTAL of Donations This Page (optional) | | 3 0 0 0 0 0 |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 0) | | 1 9 0 8 0 5 0 0 0 |

SCHEDULE 9-A
Donation(s) Received

| | | | | |
|--|--------------------|---------------------|--------------------------------------|--|
| A. Full Name of Donor Alvin Sherman | | | Date of Receipt 10 09 2004 | |
| Mailing Address of Donor 3000 Island Blvd | | | Amount 5 00 00 | |
| City Aventura | State FL | Zip 33160 | | |
| B. Full Name of Donor Alvin Sherman | | | Date of Receipt 09 23 2004 | |
| Mailing Address of Donor 3000 Island Blvd | | | Amount 5 00 00 | |
| City Aventura | State FL | Zip 33160 | | |
| C. Full Name of Donor ALVIN SHERMAN | | | Date of Receipt 08 30 2004 | |
| Mailing Address of Donor 3000 ISLAND BLVD | | | Amount 2 50 00 | |
| City AVENTURA | State FL | Zip 33160 | | |
| D. Full Name of Donor Lee Solaroli | | | Date of Receipt 10 12 2004 | |
| Mailing Address of Donor c/o Starrex, Inc. 750 Main Street, P.O. | | | Amount 1 00 00 | |
| City Warren | State MA | Zip 01083 | | |
| E. Full Name of Donor Peter Stent | | | Date of Receipt 10 12 2004 | |
| Mailing Address of Donor 170 Josselyn Ln | | | Amount 1 00 00 | |
| City Woodside | State CA | Zip 94062 | | |
| SUBTOTAL of Donations This Page (optional) | | | 3 250 00 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 9) | | | 1 911 300 00 | |

SCHEDULE 9-A
Donation(s) Received

| | | | |
|--|---------------------------|--------------------------------------|--|
| A. Full Name of Donor Richard Strain | | Date of Receipt 10 12 2004 | |
| Mailing Address of Donor 5001 SW 70 Ave | | Amount 500.00 | |
| City Davie | State FL | Zip 33314 | |
| B. Full Name of Donor Richard Strain | | Date of Receipt 08 24 2004 | |
| Mailing Address of Donor 5001 SW 70 Ave | | Amount 1000.00 | |
| City Davie | State FL | Zip 33314 | |
| C. Full Name of Donor Richard Strain | | Date of Receipt 09 02 2004 | |
| Mailing Address of Donor 5001 sw 70 Ave | | Amount 500.00 | |
| City Davie | State FL | Zip 33314 | |
| D. Full Name of Donor James Tegeder | | Date of Receipt 10 12 2004 | |
| Mailing Address of Donor 4716 Ridge Water CT | | Amount 500.00 | |
| City Holly Springs | State NC | Zip 27540 | |
| E. Full Name of Donor James Tegeder | | Date of Receipt 08 18 2004 | |
| Mailing Address of Donor 4716 Ridge Water CT | | Amount 500.00 | |
| City Holly Springs | State NC | Zip 27540 | |
| SUBTOTAL of Donations This Page (optional) | | 2,400.00 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 9) | | 1,913,400.00 | |

SCHEDULE 9-A
Donation(s) Received

| | | | |
|--|---------------------------|--|--|
| A. Full Name of Donor C. Phillip Tholen | | Date of Receipt M M Y Y 1 0 1 4 2 0 0 4 | |
| Mailing Address of Donor 4203 East 75th Place | | Amount 5 0 0 0 0 0 0 | |
| City Tulsa | State OK | Zip 74136 | |
| B. Full Name of Donor Paul Thomas | | Date of Receipt M M Y Y 1 0 1 1 2 0 0 4 | |
| Mailing Address of Donor PO Box 11085 | | Amount 1 0 0 0 0 0 0 | |
| City Truckee | State CA | Zip 96162 | |
| C. Full Name of Donor M Ray Thomasson | | Date of Receipt M M Y Y 1 0 1 3 2 0 0 4 | |
| Mailing Address of Donor 1410 High Street | | Amount 1 0 0 0 0 0 0 | |
| City Denver | State CO | Zip 80218 | |
| D. Full Name of Donor Arthur H. Tiger | | Date of Receipt M M Y Y 1 0 0 9 2 0 0 4 | |
| Mailing Address of Donor 8 Glenbrook Dr | | Amount 5 0 0 0 0 0 0 | |
| City Mendham | State NJ | Zip 07945 | |
| E. Full Name of Donor Norman Traverse | | Date of Receipt M M Y Y 1 0 1 1 2 0 0 4 | |
| Mailing Address of Donor 1744 South Ocean Blvd | | Amount 1 0 0 0 0 0 0 | |
| City Palm Beach | State FL | Zip 33480 | |
| SUBTOTAL of Donations This Page (optional) | | 5 3 5 0 0 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 9) | | 1 9 6 8 9 0 0 0 0 | |

SCHEDULE 9-A
Donation(s) Received

| | | | | |
|--|-------------|--------------|-------------------------------|--|
| A. Full Name of Donor Donald Tucker | | | Date of Receipt 10 09 2004 | |
| Mailing Address of Donor 6406 W Halbert Rd | | | Amount 500.00 | |
| City Bethesda | State MD | Zip 20817 | | |
| B. Full Name of Donor Donald and Karen Tucker | | | Date of Receipt 08 31 2004 | |
| Mailing Address of Donor 6406 West Halbert Rd. | | | Amount 500.00 | |
| City Bethesda | State MD | Zip 20817 | | |
| C. Full Name of Donor Michael Valentine | | | Date of Receipt 10 11 2004 | |
| Mailing Address of Donor 1861 Dexter Avenue | | | Amount 2500.00 | |
| City Cincinnati | State OH | Zip 45206 | | |
| D. Full Name of Donor cynthia vier | | | Date of Receipt 10 14 2004 | |
| Mailing Address of Donor 7606 W 99th Ter | | | Amount 1000.00 | |
| City Overland Park | State KS | Zip 66212 | | |
| E. Full Name of Donor Gary L Waddington | | | Date of Receipt 10 12 2004 | |
| Mailing Address of Donor 11476 East Desert Troon Lane | | | Amount 1000.00 | |
| City Scottsdale | State AZ | Zip 85255 | | |
| SUBTOTAL of Donations This Page (optional) | | | 5,500.00 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line #) | | | 1,972,400.00 | |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor Beth Wade</p> <p>Mailing Address of Donor 1112 Park Avenue, #9A</p> <p>City State Zip New York NY 10128</p> | <p>Date of Receipt 10 14 2004</p> <p>Amount 2,500.00</p> |
| <p>B. Full Name of Donor Robert T. Walsh</p> <p>Mailing Address of Donor 136 Smithfield Ct.</p> <p>City State Zip Basking Ridge NJ 07920</p> | <p>Date of Receipt 10 12 2004</p> <p>Amount 1,000.00</p> |
| <p>C. Full Name of Donor Roy Weiland</p> <p>Mailing Address of Donor 18 Rolling Hill Court</p> <p>City State Zip Madison NJ 07940</p> | <p>Date of Receipt 10 10 2004</p> <p>Amount 500.00</p> |
| <p>D. Full Name of Donor Roy Weiland</p> <p>Mailing Address of Donor 18 Rolling Hill Court</p> <p>City State Zip Madison NJ 07940</p> | <p>Date of Receipt 08 31 2004</p> <p>Amount 500.00</p> |
| <p>E. Full Name of Donor Billy Wilks</p> <p>Mailing Address of Donor 9136 Heather Lane</p> <p>City State Zip Moss Point MS 39562</p> | <p>Date of Receipt 10 09 2004</p> <p>Amount 500.00</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶ 1,400.00</p> | |
| <p>TOTAL This Period (last page this line number only) ▶ 1,986.40 (carry total from last page to Line 9)</p> | |

SCHEDULE 9-A

Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor billy wilks</p> <p>Mailing Address of Donor 9136 heather ln</p> <p>City State Zip moss point MS 39562</p> | <p>Date of Receipt M M Y Y 0 8 2 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>B. Full Name of Donor Edward Wnorowski, Jr.</p> <p>Mailing Address of Donor 11307 River Knoll Drive</p> <p>City State Zip Jacksonville FL 32225</p> | <p>Date of Receipt M M Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>C. Full Name of Donor Edward Wnorowski, Jr.</p> <p>Mailing Address of Donor 11307 River Knoll Drive</p> <p>City State Zip Jacksonville FL 32225</p> | <p>Date of Receipt M M Y Y 0 8 2 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>D. Full Name of Donor Taras Wolansky</p> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <p>City State Zip Leonia NJ 07605</p> | <p>Date of Receipt M M Y Y 1 0 1 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>E. Full Name of Donor Taras Wolansky</p> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <p>City State Zip Leonia NJ 07605</p> | <p>Date of Receipt M M Y Y 0 8 2 6 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶ 2 5 0 0 0 0</p> | |
| <p>TOTAL This Period (last page this line number only) ▶ 1 9 8 8 9 0 0 0 0 (carry total from last page to Line 9)</p> | |

SCHEDULE 9-A

Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor Robert Woodings</p> <p>Mailing Address of Donor 6 Meadowood Drive</p> <p>City State Zip Pittsburgh PA 15215</p> | <p>Date of Receipt M O D Y Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p> |
| <p>B. Full Name of Donor William Young</p> <p>Mailing Address of Donor 10 Elliot Road</p> <p>City State Zip Lexington MA 02421</p> | <p>Date of Receipt M O D Y Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p> |
| <p>C. Full Name of Donor Robert Zoeller</p> <p>Mailing Address of Donor 1909 Elmore St</p> <p>City State Zip Louisville KY 40216</p> | <p>Date of Receipt M O D Y Y Y 1 0 1 2 0 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p> |
| <p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt M O D Y Y Y</p> <p>Amount</p> |
| <p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt M O D Y Y Y</p> <p>Amount</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶ 4 0 0 0 . 0 0</p> | |
| <p>TOTAL This Period (last page this line number only) ▶ 1 9 9 2 0 0 0 0 0 (carry total from last page to Line 9)</p> | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|---|--------------------|---|--|--|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee Chris LaCivita Consulting | | | | Date of Disbursement or Obligation 0 9 / 2 9 / 2 0 0 4 | | | |
| Mailing Address of Payee 13604 Timberlake Court | | | | Amount \$ 3 3 3 0 0 | | | |
| City Midlothian | State VA | Zip Code 23311 | | Communication Date 1 0 / 1 5 / 2 0 0 4 | | | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Copywriting & Production | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services | | | | Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4 | | | |
| Mailing Address of Payee 600 Fairmount Avenue, Suite 306 | | | | Amount 2 0 6 7 3 3 6 0 | | | |
| City TOWSON | State MD | Zip Code 21286 | | Communication Date 1 0 / 1 5 / 2 0 0 4 | | | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Commission | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 2 1 0 0 6 6 6 0 | | | |
| TOTAL This Period (last page this line number only) (carry over from last page to Line 10) | | | | 2 1 0 0 6 6 6 0 | | | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|--|---|--|---------------------------|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payer WUPW-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payer 4 Seagate | | | | Amount 9,222.50 | | | |
| City Toledo | State OH | Zip Code 43604 | | Communication Date 1 0 1 3 2 0 0 4 | | | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title) or communication(s) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input checked="" type="checkbox"/> President | House <input type="checkbox"/> Senate | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) > | | | |
| Name of Federal Candidate | Office Sought: | House <input type="checkbox"/> Senate | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | | | |
| Name of Federal Candidate | Office Sought: | House <input type="checkbox"/> Senate | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | | | |
| B. Full Name (Last, First, Middle Initial) of Payer WINWO-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payer 300 South Byrne Road | | | | Amount 4,458.95 | | | |
| City Toledo | State OH | Zip Code 43615 | | Communication Date 1 0 1 3 2 0 0 4 | | | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title) or communication(s) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input checked="" type="checkbox"/> President | House <input type="checkbox"/> Senate | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) > | | | |
| Name of Federal Candidate | Office Sought: | House <input type="checkbox"/> Senate | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | | | |
| Name of Federal Candidate | Office Sought: | House <input type="checkbox"/> Senate | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | | | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 5,382.20 | | | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | 2,838.86 | | | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WTOL-TV | | | | Date of Disbursement or Obligation M A Y D Y Y 1 0 1 5 2 0 0 4 | | | |
| Mailing Address of Payee 730 North Summit Street | | | | Amount 5,100.00 | | | |
| City Toledo | | State OH | | Zip Code 43699 | | Communication Date M A Y D Y Y 1 0 1 5 2 0 0 4 | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought <input checked="" type="checkbox"/> President | | House Senate President State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought | | House Senate President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought | | House Senate President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee WTVG-TV | | | | Date of Disbursement or Obligation M A Y D Y Y 1 0 1 5 2 0 0 4 | | | |
| Mailing Address of Payee 4257 Dorr Street | | | | Amount 8,160.00 | | | |
| City Toledo | | State OH | | Zip Code 43607 | | Communication Date M A Y D Y Y 1 0 1 5 2 0 0 4 | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought <input checked="" type="checkbox"/> President | | House Senate President State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought | | House Senate President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought | | House Senate President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | | | 8,670.00 | |
| TOTAL This Period (last page the line number only) (carry total from last page to Line 10) | | | | | | 35,058.60 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WYFX-TV | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | |
| Mailing Address of Payee 3930 Sunset Blvd. | | | Amount 4,250.00 | | |
| City Youngstown | State OH | Zip Code 44512 | Communication Date 1 0 1 3 2 0 0 4 | | |
| Name of Employer Occupation | | | | | |

Purpose of Disbursement (including title(s) of communicator(s))

Media Buy

| | | | | |
|---------------------------|---------------|---|----------|--|
| Name of Federal Candidate | Office Sought | House | State | Disbursement/Obligation For: |
| John F. Kerry | | Senate | District | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| | | <input checked="" type="checkbox"/> President | | <input type="checkbox"/> Other (specify) > |
| Name of Federal Candidate | Office Sought | House | State | Disbursement/Obligation For: |
| | | Senate | District | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> President | | <input type="checkbox"/> Other (specify) > |
| Name of Federal Candidate | Office Sought | House | State | Disbursement/Obligation For: |
| | | Senate | District | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> President | | <input type="checkbox"/> Other (specify) > |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) of Payee WKBN-TV | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | |
| Mailing Address of Payee 3930 Sunset Blvd. | | | Amount 2,775.25 | | |
| City Youngstown | State OH | Zip Code 44512 | Communication Date 1 0 1 3 2 0 0 4 | | |
| Name of Employer Occupation | | | | | |

Purpose of Disbursement (including title(s) of communicator(s))

Media Buy

| | | | | |
|---------------------------|---------------|---|----------|--|
| Name of Federal Candidate | Office Sought | House | State | Disbursement/Obligation For: |
| John F. Kerry | | Senate | District | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| | | <input checked="" type="checkbox"/> President | | <input type="checkbox"/> Other (specify) > |
| Name of Federal Candidate | Office Sought | House | State | Disbursement/Obligation For: |
| | | Senate | District | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> President | | <input type="checkbox"/> Other (specify) > |
| Name of Federal Candidate | Office Sought | House | State | Disbursement/Obligation For: |
| | | Senate | District | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> President | | <input type="checkbox"/> Other (specify) > |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements/Obligations This Page (optional) | 3 2 0 0 2 5 0 |
| TOTAL This Period (last page this line number only) | 3 8 2 5 9 1 1 0 |
| (carry total from last page to Line 40) | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WFMJ-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 101 West Boardman Street | | | | Amount 2 6 0 1 0 0 0 | | | |
| City Youngstown | | State OH | | Zip Code 44503 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer | | Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee WYTV-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 3800 Shady Run Road | | | | Amount 2 0 4 4 2 5 0 | | | |
| City Youngstown | | State OH | | Zip Code 44502 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer | | Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | | | 4 6 4 5 2 5 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 90) | | | | | | 4 2 9 0 4 3 6 0 | |

SCHEDULE 2-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WHIO-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 1414 Wilmington Avenue | | | | Amount 5 3 6 0 1 0 0 | | | |
| City Dayton | | State OH | | Zip Code 45420 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (Including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | | Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | | Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee WDTN-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 4595 South Dixie | | | | Amount 1 0 0 3 8 5 0 | | | |
| City Dayton | | State OH | | Zip Code 45439 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (Including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | | Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | | Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | | | 6 3 6 3 9 5 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | | | 4 9 2 6 8 3 1 0 | |

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WKEF-TV | | | | Date of Disbursement or Obligation M M Y Y C C C C 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 1731 Soldiers Home Road | | | | Amount \$ 8 0 0 0 0 0 | | | |
| City Dayton | | State OH | | Zip Code 45418 | | Communication Date M M Y Y C C C C 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee WRGT-TV | | | | Date of Disbursement or Obligation M M Y Y C C C C 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 45 Broadcast Plaza | | | | Amount 1 2 7 5 0 0 0 0 | | | |
| City Dayton | | State OH | | Zip Code 45408 | | Communication Date M M Y Y C C C C 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ | | | | | | 1 9 5 5 0 0 0 0 | |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | | | | | | 5 1 2 2 3 3 1 0 | |

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WKRC-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 1906 Highland Avenue | | | | Amount 6 5 7 9 0 0 0 | | | |
| City Cincinnati | | State OH | | Zip Code 45219 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee WCPO-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 1720 Gilbert Avenue | | | | Amount 1 1 3 1 3 5 0 0 | | | |
| City Cincinnati | | State OH | | Zip Code 45202 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | | | 1 7 8 9 2 5 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | | | 6 9 1 1 5 8 1 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|--|---|-------------------|--|---------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Payee WXIX-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 635 West 7th Street | | | | Amount 1 8,2 7 5,0 0 | |
| City Cincinnati | | State OH | Zip Code 45203 | | Communication Date 1 0 1 5 2 0 0 4 |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee WLWT-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 1700 Young Street | | | | Amount 1 8,9 5 5,0 0 | |
| City Cincinnati | | State OH | Zip Code 45202 | | Communication Date 1 0 1 5 2 0 0 4 |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 3 7,2 3 0,0 0 | |
| TOTAL This Period (last page fills in number only) (carry total from last page to line 10) | | | | 7 2,8 3 8 8,1 0 | |

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WJW-TV | | | | Date of Disbursement or Obligation M O Y D 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 5800 South Marginal Road | | | | Amount , 4 3 , 0 9 5 . 0 0 | |
| City Cleveland | State OH | Zip Code 44103 | Communication Date M O Y D 1 0 1 3 2 0 0 4 | | |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought <input checked="" type="checkbox"/> President | House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | Office Sought: <input type="checkbox"/> _____ | House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | Office Sought: <input type="checkbox"/> _____ | House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee WKYC-TV | | | | Date of Disbursement or Obligation M O Y D 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 1333 Lakeside Avenue | | | | Amount , 2 7 , 5 4 0 . 0 0 | |
| City Cleveland | State OH | Zip Code 44114 | Communication Date M O Y D 1 0 1 3 2 0 0 4 | | |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought <input checked="" type="checkbox"/> President | House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | Office Sought: <input type="checkbox"/> _____ | House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate _____ | Office Sought: <input type="checkbox"/> _____ | House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 7 0 6 3 5 . 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 19) | | | | 7 9 9 0 2 3 . 1 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|--|--|---|--|--|--|---------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Payee WOIO-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 1717 East 12th Street | | | | Amount 3 6, 2 6 1, 0 0 | | | |
| City Cleveland | | State OH | | Zip Code 44114 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input checked="" type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | |
| B. Full Name (Last, First, Middle Initial) of Payee WEWS-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 3001 Euclid Avenue | | | | Amount 4 6, 7 5 0, 0 0 | | | |
| City Cleveland | | State OH | | Zip Code 44115 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input checked="" type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | | | 8 3 0 1 1 0 0 | |
| TOTAL This Period (last page lists this number only) (carry total from last page to Line 10) | | | | | | 8 5 2 0 3 4 1 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|--|-------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WBNS-TV | | | | Date of Disbursement or Obligation M O Y D M Y 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 770 Twin Rivers Drive | | | | Amount 2 3 8 0 0 0 0 | |
| City Columbus | | State OH | Zip Code 43215 | | Communication Date M O Y D M Y 1 0 1 3 2 0 0 4 |
| Name of Employer: _____ Occupation: _____ | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| B. Full Name (Last, First, Middle Initial) of Payee WSYX-TV | | | | Date of Disbursement or Obligation M O Y D M Y 1 0 1 3 1 2 0 0 4 | |
| Mailing Address of Payee 1261 Dublin Road | | | | Amount 3 1 7 9 0 0 0 | |
| City Columbus | | State OH | Zip Code 43215 | | Communication Date M O Y D M Y 1 0 1 3 1 2 0 0 4 |
| Name of Employer: _____ Occupation: _____ | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 2 6 9 7 9 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | 9 0 9 0 1 3 1 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|---------------------|---------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WCMH-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 3165 Olentangy River Road | | | | Amount 1 8 9 5 5 0 0 | |
| City Columbus | State OH | Zip Code 43202 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: District: | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee WTE-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 3165 Olentangy River Road | | | | Amount 2 0 4 6 0 0 0 | |
| City Columbus | State OH | Zip Code 43202 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: District: | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (column 4) | | | | 3 9 3 5 5 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page in Line 10) | | | | 9 4 8 3 6 8 1 0 | |

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WRDO-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 399 South 8th Street | | | | Amount 3 1,8 2 4,0 0 | | | |
| City Colorado Springs | | State CO | | Zip Code 80905 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer | | Occupation | | | | | |
| Purpose of Disbursement (including title) of communication(s) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: | | House Senate President | | State: _____ District: _____ | |
| Name of Federal Candidate | | Office Sought: | | House Senate President | | State: _____ District: _____ | |
| B. Full Name (Last, First, Middle Initial) of Payee KOAA-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | | | |
| Mailing Address of Payee 2200 7th Avenue | | | | Amount 1 4,8 2 0,0 0 | | | |
| City Pueblo | | State CO | | Zip Code 81003 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer | | Occupation | | | | | |
| Purpose of Disbursement (including title) of communication(s) Media Buy | | | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: | | House Senate President | | State: _____ District: _____ | |
| Name of Federal Candidate | | Office Sought: | | House Senate President | | State: _____ District: _____ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 4 8 4 4 4 0 0 | | | |
| TOTAL This Period (last page this line number only) (carry info from last page to line 10) | | | | 9 9 4 8 1 2 1 0 | | | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|---|---|---------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KKIV-TV | | | | Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address of Payee 3100 North Nevada Avenue | | | | Amount , 1 1 3 , 1 3 5 . 0 0 | |
| City Colorado Springs | State CO | Zip Code 80907 | | Communication Date 1 0 / 1 5 / 2 0 0 4 | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input checked="" type="checkbox"/> President | House <input type="checkbox"/> Senate <input type="checkbox"/> District | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| Name of Federal Candidate | Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> District | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| Name of Federal Candidate | Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> District | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| B. Full Name (Last, First, Middle Initial) of Payee KXRM-TV | | | | Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address of Payee 560 Wooten Road | | | | Amount , 8 8 4 0 . 0 0 | |
| City Colorado Springs | State CO | Zip Code 80915 | | Communication Date 1 0 / 1 5 / 2 0 0 4 | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input checked="" type="checkbox"/> President | House <input type="checkbox"/> Senate <input type="checkbox"/> District | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| Name of Federal Candidate | Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> District | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| Name of Federal Candidate | Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> District | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| SUBTOTAL of Disbursements/Obligations This Page (top total) | | | | 1 2 1 , 9 7 5 . 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | 1 1 6 , 7 8 7 . 1 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|---|--|---------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KUSA-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 500 Speer Blvd | | | | Amount 1 6 1, 3 3 0.0 0 | |
| City Denver | State CO | Zip Code 80203 | | Communication Date 1 0 1 5 2 0 0 4 | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input checked="" type="checkbox"/> President | House <input type="checkbox"/> Senate | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> President | House <input type="checkbox"/> Senate | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> President | House <input type="checkbox"/> Senate | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee KMGH-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 123 Speer Blvd | | | | Amount 8 7, 1 2 5.0 0 | |
| City Denver | State CO | Zip Code 80203 | | Communication Date 1 0 1 5 2 0 0 4 | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input checked="" type="checkbox"/> President | House <input type="checkbox"/> Senate | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> President | House <input type="checkbox"/> Senate | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> President | House <input type="checkbox"/> Senate | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 2 4 8, 4 5 5.0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to line 10) | | | | 1 3 6 5, 2 4 2.1 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|-------------------------------------|--------------------------------|----------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KCNC-TV | | | | Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address of Payee 1044 Lincoln Street | | | | Amount 3 1 7 9 0 0 0 | |
| City | State | Zip Code | | Communication Date 1 0 / 1 5 / 2 0 0 4 | |
| Denver | CO | 80203 | | | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate | Office Sought | <input type="checkbox"/> House | State | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| John F. Kerry | <input checked="" type="checkbox"/> | Senate | District | | |
| | <input type="checkbox"/> | President | | | |
| Name of Federal Candidate | Office Sought | <input type="checkbox"/> House | State | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| | <input type="checkbox"/> | Senate | District | | |
| | <input type="checkbox"/> | President | | | |
| Name of Federal Candidate | Office Sought | <input type="checkbox"/> House | State | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| | <input type="checkbox"/> | Senate | District | | |
| | <input type="checkbox"/> | President | | | |
| B. Full Name (Last, First, Middle Initial) of Payee KDVR-TV | | | | Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address of Payee 100 East Speer Blvd | | | | Amount 2 4 0 5 5 0 0 | |
| City | State | Zip Code | | Communication Date 1 0 / 1 5 / 2 0 0 4 | |
| Denver | CO | 80203 | | | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate | Office Sought | <input type="checkbox"/> House | State | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| John F. Kerry | <input checked="" type="checkbox"/> | Senate | District | | |
| | <input type="checkbox"/> | President | | | |
| Name of Federal Candidate | Office Sought | <input type="checkbox"/> House | State | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| | <input type="checkbox"/> | Senate | District | | |
| | <input type="checkbox"/> | President | | | |
| Name of Federal Candidate | Office Sought | <input type="checkbox"/> House | State | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > | |
| | <input type="checkbox"/> | Senate | District | | |
| | <input type="checkbox"/> | President | | | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 5 5 8 4 5 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 50) | | | | 1 4 2 1 0 8 7 1 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|---------------------|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee KJCT-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 8 Foresight Circle | | | | Amount 1 3 9 3 8 0 0 | |
| City Grand Junction | State CO | Zip Code 81505 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| B. Full Name (Last, First, Middle Initial) of Payee KFOX-TV | | | | Date of Disbursement or Obligation 1 0 1 3 2 0 0 4 | |
| Mailing Address of Payee 345 Hillcrest Manor | | | | Amount 8 5 0 0 0 0 | |
| City Grand Junction | State CO | Zip Code 81501 | | Communication Date 1 0 1 3 2 0 0 4 | |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| Name of Federal Candidate | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 2 7 4 3 8 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | 1 4 4 8 5 2 5 1 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|-------------|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KKCO-TV | | | | Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address of Payee 2325 Interstate Avenue | | | | Amount . 6 3 , 1 9 7 . 5 0 | |
| City Grand Junction | State CO | Zip Code 81505 | | Communication Date 1 0 / 1 5 / 2 0 0 4 | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Poeholm | | | | Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address of Payee 305 Cameron Street | | | | Amount . 1 6 , 9 6 8 . 0 0 | |
| City Alexandria | State VA | Zip Code 22314 | | Communication Date 1 0 / 1 5 / 2 0 0 4 | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Production | | | | | |
| Name of Federal Candidate John F. Kerry | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | . 8 0 , 1 8 5 . 5 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to line 10) | | | | . 1 5 2 8 , 6 9 0 . 6 0 | |

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|----------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp</i> | Shipping Date <i>11-17-04</i> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>Jm D</i> PREPARER (5/2004) | <i>11-18-04</i> DATE PREPARED |